

**Office of Administration**  
**Commissioner's Office**

**REIMBURSEMENT REQUEST FOR OTHER SERVICES**

Program: **Alternatives to Abortion**

Contractor: Rachelle Garrison, RN, BSN

Subcontractor: Pregnancy Center of Mtn. Grove

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

Client Name: [REDACTED] Date Enrolled 3-6-2017

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6-7-2017	License for truck	\$92.10	Someone gave client a truck to be able to get to court appointments and to be able to get to job if hired. Client currently has no income and needs to get vehicle legal so she can try to get a job so she can pay her bills. Texas County Food Pantry does not help with things like this. Ozark Action only has a vehicle repair program.
Amt to be reimbursed			

*The following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

Authorized person requesting purchase: Rachelle Garrison

Alliance for Life Program Manager: Carrie J. [Signature]

Purchase is Approved ☐ Denied ☐ A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_